

Check #/Money Order #: _____
Amount: _____
Date: _____

**SCITUATE RECREATION DEPARTMENT
2020 SUMMER PROGRAM**

Registration Form

Monday, June 29-Friday, August 14, 2020
 Hope Elementary School-8:30 AM-11:00 AM
 Hope Pond-11:00 AM-5:00 PM

Children ages 5 (**by September 1, 2020-Sorry NO EXCEPTIONS**)-13 years old are
 welcome to attend.

Pre-registration is required (**Last Day June 15, 2020**).

REGISTRATION FEE:

EACH CHILD-\$200.00

NON-RESIDENTS-EACH CHILD-\$250.00

Payment must be in the form of a check or money order made payable to:
 SCITUATE RECREATION PROGRAM

ALL FEES ARE NON-REFUNDABLE

REGISTRATION INFORMATION:

<u>Child's Name</u>	<u>Date of Birth</u>	<u>Grade in September</u>	<u>T-Shirt Size</u>
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Address: _____

Telephone #: _____ Cell Phone #:

E-mail Address: _____

I, _____ (Print Name of Parent/Legal Guardian) give permission for the child/children listed above to participate in the 2020 Scituate Recreation Summer Program and/or field trips. I understand that the Town of Scituate, its employees, or parent volunteers and chaperones are not responsible for any injury due to the participation in the program. I further understand that if a child becomes unruly or poses a threat that is harmful in any way to himself/herself, any child and adult, he/she will be immediately dismissed from the program.

Signature: _____ Date: _____

Please note that you may assume that your child is registered for the summer program. If the summer program is unable to accommodate your child/children you will be contacted by phone. Please follow the town website at www.scituateri.org for announcements, updates, and schedules. If you are going to register more than one child per family, each child MUST have all forms completed for him/her. PLEASE DO NOT put more than one child on a form. If you do the latter, the form(s) will NOT BE accepted. THANK YOU in advance.

Scituate Recreation Department Summer Program Rules for Children

To ensure a safe, secure, and positive recreation program for ALL children, it is necessary that children follow basic rules when in attendance.

RULES

1. All children **MUST RESPECT** (i.e., be polite and considerate, use appropriate language, etc.) others and their belongings.
2. All children **MUST** always listen and stay with their counselors at **ALL** times.
3. All children **MUST** keep their hands, feet, and objects to themselves.
4. All children **MUST** help with clean-up and keep the grounds of the recreation program clean, as well as respect the grounds (i.e., not pulling on tree branches, etc.).
5. All children **MUST** be a **TEAM PLAYER**.

Please review the rules with your child daily. If your child **DOES NOT** follow the rules, the following consequences will be implemented:

CONSEQUENCES

1st CONSEQUENCE

Your child will be given a verbal warning from his/her counselor.

2nd CONSEQUENCE

Same as above and the program director(s) will be informed, and parent will be notified.

3rd CONSEQUENCE

Same as above and your child will not be able to attend the recreation program for one day.

Scituate Summer Program Recreation Department RULES

I, _____ have received a copy of the rules for the Scituate Recreation Department Summer Program for my child _____ to follow when in attendance.

Parent/Legal Guardian Signature: _____

Date: _____

**Scituate Recreation Department
Summer Program
Public Information News**

Dear Parents,

From time to time, the Scituate Recreation Department Summer Program may be presented with the opportunity to take photographs/videotape the children engaged in activities in our program. The Scituate Recreation Department Summer Program would like to have your written permission for the program to photograph/videotape and to identify your child's name for possible use in program related activities including the local newspaper, television news, and the Scituate Recreation Department website.

The Scituate Recreation Department Summer Program realizes that individuals may feel differently about such publicity and we will gladly respect and accommodate your wishes on this matter.

Please check one of the boxes below, sign and date this form.

Thank you for your cooperation.

Sincerely,

The Scituate Recreation Department Summer Program Staff

**PERMISSION TO USE CHILD'S NAME AND PHOTOGRAPH/VIDEOTAPE FOR PUBLIC
INFORMATION NEWS**

I hereby give the Scituate Recreation Department Summer Program permission to use my child's name and photograph/videotape to be printed in the local newspaper, for television news, and the Scituate Recreation Program website.

I do not give the Scituate Recreation Department Summer Program permission to use my child's name and photograph/videotape to be printed in the local newspaper, for television news, and the Scituate Recreation Program website.

Child's Name (Please Print): _____

Parent/Legal Guardian Signature: _____

Date: _____

**Scituate Recreation Department
Summer Program
Parent Release Authorization Form**

Dear Parents,

The Scituate Recreation Department Summer Program staff realizes that there will be occasions when there will be an individual(s) other than yourself who will need to pick-up your child from the program. For the safety and well-being of your child, please list below the individual(s)-who **MUST** be **16 years old** or **older**, on occasion, will need to pick-up your child from the program. The Scituate Recreation Department Summer Program staff **MUST** have **WRITTEN PERMISSION** (signature of parent/guardian and dated) to release your child to the individual(s) that you will list below. Please inform each individual that he/she **MUST** present a driver's license when he/she comes to pick-up your child. Your child will **NOT** be released to anyone who **DOES NOT** present this form of proper identification. To ensure that your child will have a safe dismissal from the program, please inform him/her that another individual will be picking him/her up from the program prior to dropping him/her off. If you need to make any changes to the list of individuals that you have authorized to pick-up your child, please notify the program director **ASAP**.

Sincerely,

The Scituate Recreation Department Summer Program Staff

I, _____, authorize the following individual(s) to pick-up my child,
_____ from the Scituate Recreation Department Summer Program
when I am unable to do so.

Name of Individual: _____

Relationship to Your Child: _____

Address: _____

Telephone #: _____ Cell Phone #: _____

Name of Individual: _____

Relationship to Your Child: _____

Address: _____

Telephone #: _____ Cell Phone #: _____

Name of Individual: _____

Relationship to Your Child: _____

Address: _____

Telephone #: _____ Cell Phone #: _____

Signature of Parent/Legal Guardian

Date

**Scituate Recreation Department
Summer Program
Medical/Authorization Form**

Child's Name: _____
D.O.B.: _____ Age: _____ Grade in September: _____
Parent(s) Name: _____
Address: _____
Home Telephone #: _____ Cell Phone #: _____

In consideration of admittance, I _____ hereby authorize the Scituate Recreation Summer Program to arrange for medical treatment for my child, _____ should an emergency arise. It is understood that a conscientious effort will be made by the program director(s) to contact me at the emergency numbers that I have provided below before any medical action is taken. I would prefer my child, if the need arises, be taken to _____ Hospital.

Mother/Father/Legal Guardian Signature: _____
Date: _____

Mother's Information:

Name: _____
Home Telephone #: _____
Cell Phone #: _____
Work Telephone #: _____

Father's Information:

Name: _____
Home Telephone #: _____
Cell Phone #: _____
Work Telephone #: _____

Relatives or Other Individuals the program director(s) may contact in an emergency:

Name: _____ Relation: _____ Telephone #: _____

Name: _____ Relation: _____ Telephone #: _____

Name: _____ Relation: _____ Telephone #: _____

Are there any medical (i.e., allergies, medications, seizures, surgeries, etc.) and/or other medical conditions which should be brought to the attention of the program director(s)?

Yes _____ No _____

If yes, please specify below:

Mother/Father/Legal Guardian Signature: _____
Date: _____